

## Contract Processing Worksheet

Program: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Division ID: \_\_\_\_\_ Project ID: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Seeking:      New Contract      Renewal/Extension      Amendment

Description of Service: \_\_\_\_\_

Proposed Term: \_\_\_\_\_ Months    or    From \_\_\_\_\_ to \_\_\_\_\_

### Decision Tree Results:

\_\_\_ Fee for Service    \_\_\_ Revenue  
\_\_\_ Interagency      \_\_\_ Non-Competitive  
\_\_\_ Sole-Source      \_\_\_ Proprietary  
\_\_\_ Delegated Authority # \_\_\_\_\_  
\_\_\_ RFP/RFI/RFQ # \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_

### Endorsements Needed:

\_\_\_ Renewal/Extension Request  
\_\_\_ Amendment Request  
\_\_\_ Rule Exception      \_\_\_ ITSD (STS)  
\_\_\_ DOHR                      \_\_\_ E-Health  
\_\_\_ Special Contract Request  
\_\_\_ Limitation of Liability

Proposed Contractor: \_\_\_\_\_

Vendor    or    Subrecipient      Edison ID#: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Has contractor information changed since last contact?    Yes    No

## Section 2: Budget Information

FY	State	Federal	Interdepartmental	Other	Total Contract Amount
<b>TOTAL:</b>					

### Speed Chart:

### Amendments Only:

Account Code:

CFDA: \_\_\_\_\_

DGA: \_\_\_\_\_

Funding Source	Previous Total	Amendment Amount (+ or -)	New Total
State			
Federal			
Interdepartmental			
Other			
Total Contract			

Additional Notes:

Available Meeting Dates: \_\_\_\_\_  
*Please list at least two dates program staff can be available for discussion.*

Review &amp; Approval:

## Program Head

## Contract Specialist

*Head of requesting program or division should sign off on worksheet at time of submission. Upon review a copy will be returned to the program signed by TDLWD's contract specialist.*

Submit completed form to [william.kemmer@tn.gov](mailto:william.kemmer@tn.gov)